PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OMB control number eduction Act of 19 Fees pursuant to the Consolidated Spirit Complete if Known opriations Act, 2005 (H.R. 4818) 10/520,144 FEE TRANSMITTAL Application Number Filing Date February 2, 2005 For FY 2006 First Named Inventor Yusuke KAJITA Examiner Name M. Leslie Applicant claims small entity status. See 37 CFR 1.27 3745 Art Unit 080306.55701US **TOTAL AMOUNT OF PAYMENT** 1000.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Money Order □ None Other (please identify): □ Deposit Account 05-1323 (Docket No. 080306.55701US) Deposit Account Name: 23911 Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Р

Provisional	200	100	0	0	0	0	
EXCESS CLAIM FEES							
							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 or, for	or Reissues, e	ach claim over 20	and more than	in the original p	patent	50	25
Each independent claim	over 3 or, for	Reissues, each ii	ndependent clai	m more than in	the original patent	200	100
Multiple dependent clain	าร				- ,	360	180

Total Claims		Extra claims		Fees(\$)		Fee Paid (\$)	Multiple Depend	ence
32	-20 or HP	12	×	\$50	=	\$600	Fee(S)	
P = highest nur	nber of total clai	ms paid for, if gre	ater	than 20				
ndep. Claims		Extra claims		Fees(\$)		Fee Paid (\$)		
5	- 3 or HP	2	x	\$200	=	\$400		
- hinhaat			-	4 2	•			

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

2.

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets		Number of each ad	ditional 50 or fraction t	hereof	Fee (\$)	Fee Paid (\$)
- 10	00 =	/ 50 =	Rou	and up to a whole number	r x		=
4. OTHER FEES	5		11 0	7/13/2006 GFREY1	00000131	10520144	Fee Paid (\$)
Non-English Specific	cation, \$130 fee (no small enti	y discount)		1-FC:1615 - 2 FC:1614		600.00 400.00	

SUBMITTED BY	1/0	Dogistration Ma		
Signature	1	Registration No. (Attorney/Agent) 32,169	Telephone	(202) 624-2500
Name (Print/Type)	Jeffrey D. Sanok		Date July	10, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.